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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-------------|----------------------|---------------------|------------------|
| 10/003,304 | 12/06/2001 | Shunji Nakamura | 960456B | 7007 |
| 38834 | 7590 | 12/30/2005 | EXAMINER | |
| WESTERMAN, HATTORI, DANIELS & ADRIAN, LLP 1250 CONNECTICUT AVENUE, NW SUITE 700 WASHINGTON, DC 20036 | | | | NADAV, ORI |
| ART UNIT | | PAPER NUMBER | | |
| | | 2811 | | |

DATE MAILED: 12/30/2005

Please find below and/or attached an Office communication concerning this application or proceeding.



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(AP)

| APPLICATION NO./ CONTROL NO. | FILING DATE | FIRST NAMED INVENTOR / PATENT IN REEXAMINATION | ATTORNEY DOCKET NO. |
|---------------------------------|-------------|---|---------------------|
|---------------------------------|-------------|---|---------------------|

10/003,304

EXAMINER

Nadar

ART UNIT PAPER

2811 120305

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Commissioner for Patents

See attachment



EDDIE LEE
SUPERVISORY PATENT EXAMINER
TECHNOLOGY CENTER 2800

SPE RESPONSE FOR CERTIFICATE OF CORRECTION

Paper No.: _____

DATE

12-3-05

TO SPE OF

ART UNIT 2811

SUBJECT

: Request for Certificate of Correction on Patent No.: 6831322

A response is requested with respect to the accompanying request for a certificate of correction.

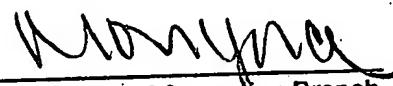
Please complete this form and return with file, within 7 days to:

Certificates of Correction Branch - PK 3-915

Palm location 7580 - Tel. No. 305-8309

With respect to the change(s) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction? No new matter should be introduced, nor should the scope or meaning of the claims be changed.

Thank You For Your Assistance


Certificates of Correction Branch

The request for issuing the above-identified correction(s) is hereby:

Note your decision on the appropriate box.

Approved

All changes apply.

Approved in Part

Specify below which changes do not apply.

Denied

State the reasons for denial below.

Comments: _____

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